Company Tracking Number: AR - 21 - 2008

TOI: H07I Individual Health - Specified Disease -Sub-TOI: H07I.002 Dread Disease

Limited Benefit

HP1015 (Version 2.1) Product Name:

Project Name/Number:

Filing at a Glance

Company: EMC National Life Company

Product Name: HP1015 (Version 2.1) SERFF Tr Num: EMCN-125648862 State: ArkansasLH State Tr Num: 39061 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed

- Limited Benefit

Sub-TOI: H07I.002 Dread Disease Co Tr Num: AR - 21 - 2008 State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor Author: Macy Allen Disposition Date: 06/23/2008

Date Submitted: 05/21/2008 Disposition Status: Approved-

Closed

Implementation Date Requested: 08/01/2008 Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: The filing is

currently being reviewed by the Iowa Insurance

Department.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size:

Overall Rate Impact: 48% Group Market Type: Filing Status Changed: 06/23/2008 State Status Changed: 06/23/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description: May 21, 2008

Hon. Julie Benafield Bowman

Commissioner of Insurance

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Arkansas Insurance Department

Life and Health Division 1200 West 3rd Street Little Rock, AR 72201

Attention: Rosalind Minor

RE: Cancer Specified Disease - Rate Increase

NAIC #62928 Iowa Assigned Company Code Number 1350IA

Dear Ms. Minor:

Attached for your consideration are revised premiums for the following Cancer Specified Disease Policies:

Form Current Rate Sheet

(As National Travelers Life Company) Approved New Rate Sheet

(As EMC National Life Company) Avg Incr

HP 1015 RSH 1023 (55) 7-2002 8/16/2002 RSH 2100 (55) 4-08 48%

HP 1015 RSH 1024 (55) 7-2002 8/16/2002 RSH 2101 (55) 4-08 48%

HP 1015 RSH 1025 (55) 7-2002 8/16/2002 RSH 2102 (55) 4-08 48%

HP 1015 RSH 1026 (55) 7-2002 8/16/2002 RSH 2103 (55) 4-08 48%

HP 1015 RSH 1027 (55) 7-2002 8/16/2002 RSH 2104 (55) 4-08 48%

HP 1015 RSH 1028 (55) 7-2002 8/16/2002 RSH 2105 (55) 4-08 48%

These policies first became available in 2005 and they were marketed by EMC National Life Company. This is the first revision of rates for these forms.

A description of the policies, premium increase history, and past experience is included in the enclosed Actuarial Memorandum. The anticipated loss ratio is 55%.

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

We are requesting these rate increases to be implemented with the first premium due on or after 8/1/2008. There are currently 7,507 policy owners nationwide, including 201 Arkansas policy owners that will be affected by this revision.

Your prompt consideration will be greatly appreciated.

Mark C. Rowley, FSA, MAAA Vice President, Chief Actuary

Company and Contact

Filing Contact Information

Macy Allen, Actuarial Technician Mallen@emcnl.com
4095 NW Urbandale Drive (515) 345-4210 [Phone]
Urbandale, IA 50322 (515) 345-4165[FAX]

Filing Company Information

EMC National Life Company CoCode: 62928 State of Domicile: Iowa

4095 NW Urbandale Drive Group Code: Company Type: L and Health

Urbandale, IA 50322-7914 Group Name: State ID Number:

(515) 645-4000 ext. 4094[Phone] FEIN Number: 42-0868851

.____

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50 per form

form = HP1015

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

SERFF Tracking Number: EMCN-125648862 State: Arkansas 39061

Filing Company: EMC National Life Company State Tracking Number:

TOI: H07I Individual Health - Specified Disease -Sub-TOI: H07I.002 Dread Disease

Limited Benefit

AR - 21 - 2008

HP1015 (Version 2.1) Product Name:

Project Name/Number:

Company Tracking Number:

EMC National Life Company \$50.00 05/21/2008 20441307

Company Tracking Number: AR - 21 - 2008

TOI: H07I Individual Health - Specified Disease -Sub-TOI: H07I.002 Dread Disease

Limited Benefit

HP1015 (Version 2.1) Product Name:

Project Name/Number:

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved-**Rosalind Minor** 06/23/2008 06/23/2008

Closed

Objection Letters and Response Letters

Objection Letters Response Letters

Status Responded By Date Submitted Created By Created On Date Submitted **Created On**

Macy Allen Rosalind Minor 06/04/2008 06/04/2008 06/04/2008 06/04/2008 Pending

Industry Response

Amendments

Date Submitted Item Schedule Created By Created On

Corresponde Supporting Document Macy Allen 06/20/2008 06/20/2008

nce 6-20-2008

Filing Notes

Subject **Note Type Created By** Created **Date Submitted**

On

Calculations for a rate increase Note To Filer **Rosalind Minor** 06/09/2008 06/09/2008

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease

Product Name: HP1015 (Version 2.1)

Project Name/Number: /

Disposition

Disposition Date: 06/23/2008

Implementation Date: Status: Approved-Closed

Comment: We are approving two 25% rate increases to be implemented in September, 2008 and September, 2009. The approval is subject to the following

conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.

- 2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
- 3. All increases in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
EMC National Life	48.000%	\$49,821	201	\$103,793	48.000%	48.000%	48.000%
Company							

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Exhibits 1 and 2	Approved-Closed	No
Supporting Document	Attachment A	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Correspondence 6-20-2008	Approved-Closed	Yes
Rate	HP1015 Proposed Rates	Approved-Closed	No

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/04/2008 Submitted Date 06/04/2008

Respond By Date Dear Macy Allen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: Based on the actual Nationwide experience, we will consider a maximum of 10% rate increase at this time. If you wish to accept this percentage, please acknowledge and send a revised actuarial memorandum, exhibits and rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/04/2008 Submitted Date 06/04/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Dear Ms. Minor:

Thank you for your response. So that we may gain a better understanding of the process, may we ask for the calculation used to determine the 10%? We appreciate your help in this matter.

Sincerely,

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Macy K. Allen

Actuarial Technician

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Based on the actual Nationwide experience, we will consider a maximum of 10% rate increase at this time. If you wish to accept this percentage, please acknowledge and send a revised actuarial memorandum, exhibits and rates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Macy Allen

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Amendment Letter

Amendment Date:

Submitted Date: 06/20/2008

Comments:

Please see the correspondence letter and 2 attachments included in schedule item "Correspondence 6-20-2008". This is a follow up to our teleconference on Wednesday 6/18/08.

Thank you again for your efforts in this matter.

Sincerely,

Macy K. Allen

Actuarial Technician

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Correspondence 6-20-2008

Comment: Please see the attached correspondence.

Correspondence 6-20-08.pdf

Exhibit 1 - Two Year .pdf

Exhibit 2 - Expanded.pdf

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Note To Filer

Created By:

Rosalind Minor on 06/09/2008 03:09 PM

Subject:

Calculations for a rate increase

Comments:

Our Department looks at the past three calendar years experience of earned premium and incurred claims.

- 1. We add three years of incurred claims and multiply the total by 15% (for inflation).
- 2. We add three years of earned premium and multiply the total by the percentage of increase requested.
- 3. The adjusted total of incurred claims is divided by the adjusted total of earned premium. This will give an adjusted loss ratio.
- 4. If the adjusted loss ratio is below 50%, the request is denied.

The calculation for a 48% increase would give me an adjusted loss ratio of 31%. A 10% rate increase would give me an adjusted loss ratio of 42%. Even though the loss ratio is below the 50%, we will consider a 10% rate increase because of the increase in claims from 2006 to 2007.

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated	Overall % Rate Impact:	Written Premium	# of Policy Holders	Premium:	Maximum % Change (where	Minimum % Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
EMC National Life Company	48.000%	48.000%	\$49,821	201	\$103,793	48.000%	48.000%

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Rate/Rule Schedule

Review Document Name: Affected Form Rate Rate ActionInformation: Attachments

Status: Numbers: Action:*

(Separated with

commas)

Approved- HP1015 Proposed RSH 2100 (55) 4-Revised Proposed Rates -

Closed Rates 08, RSH 2101 AR.pdf

(55) 4-08, RSH 2102 (55) 4-08, RSH 2103 (55) 4-08, RSH 2104 (55) 4-08, RSH

2105 (55) 4-08

Cancer and Specified Disease Policy Form HP1015 Worksite Payroll Deduction Annual Rates

	Issue	it of	Daily Room and Board	Surgery Benefit			
_	Age	\$2,500/mo	\$5,000/mo	\$7,500/mo	\$10,000/mo	per unit	per unit
INDIVIDUAL	18-74	207.98	254.12	295.30	326.28	13.79	15.16
FAMILY	18-74	365.25	459.38	542.60	604.73	27.07	28.59
SINGLE PARENT	18-74	249.59	304.92	354.36	391.53	16.55	18.17

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6)

RSH 2100 (55) 4-08

Cancer and Specified Disease Policy Form HP1015 Direct Market Annual Rates

						Daily Room	Surgery
	Issue	Base O	nly for RCI	benefit Lim	it of	and Board	Benefit
_	Age	\$2,500/mo	\$5,000/mo	\$7,500/mo	\$10,000/mo	per unit	per unit
INDIVIDUAL	18-44	207.98	254.12			13.79	15.16
	45-49	216.36	268.16	314.12	347.99	13.88	15.16
	50-54	261.63	325.90	382.98	425.41	18.59	20.60
	55-59	305.43	379.22	445.84	495.87	23.59	28.45
	60-64	351.37	428.42	500.92	556.60	29.51	37.81
	65-69	398.68	470.64	541.83	599.76	37.06	47.97
	70-74	432.38	493.34	554.16	608.56	45.01	57.45
FAMILY	18-44	365.25	459.38			27.07	28.59
	45-49	380.21	483.37	573.62		27.54	28.59
	50-54	458.50	582.69			35.85	39.32
	55-59	537.64	678.55			45.01	54.09
	60-64	623.61	770.19		•	56.09	71.87
	65-69	712.81	849.53	984.81	1,094.84	70.39	91.12
	70-74	776.75	892.56	1,008.13	1,111.49	85.51	109.18
SINGLE PARENT	18-44	249.59	304.92			16.55	18.17
	45-49	259.62	322.00			16.66	18.17
	50-54	313.95	398.49			22.30	24.72
	55-59	366.51	455.06			28.30	34.13
	60-64	421.64	514.09			35.42	45.38
	65-69	478.41	564.75			44.46	57.56
	70-74	518.86	592.00	664.08	730.28	54.01	68.95

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6)

RSH 2101 (55) 4-08

Internal Cancer First Occurrence Benefit Rider AMH 1017 Worksite Payroll Deduction Annual Rates

	Issue Age	Rate per Unit
INDIVIDUAL	18-74	35.52
FAMILY	18-74	60.38
SINGLE PARENT	18-74	42.62

(Monthly premiums = 1/12 annually)

RSH 2102 (55) 4-08 AR

Internal Cancer First Occurrence Benefit Rider AMH 1017 Direct Market Annual Rates

	Issue	Rate
	Age	per Unit
INDIVIDUAL	18-44	35.52
	45-49	36.05
	50-54	46.53
	55-59	58.61
	60-64	71.57
	65-69	84.89
	70-74	98.04
FAMILY	18-44	60.38
	45-49	65.89
	50-54	85.78
	55-59	108.69
	60-64	133.73
	65-69	159.31
	70-74	184.88
SINGLE PARENT	18-44	42.62
	45-49	43.33
	50-54	55.94
	55-59	70.33
	60-64	85.96
	65-69	101.94
	70-74	117.57

(Monthly premiums = 1/12 annually)

RSH 2103 (55) 4-08 AR

Hospital Coronary Care or Intensive Care Confinement Benefit AMH 1019 Worksite Payroll Deduction Annual Rates

	Issue Age	Rate per Unit
INDIVIDUAL	18-74	44.40
FAMILY	18-74	88.80
SINGLE PARENT	18-74	62.16

(Monthly premiums = 1/12 annually)

RSH 2104 (55) 4-08 AR

Hospital Coronary Care or Intensive Care Confinement Benefit AMH 1019 Direct Market Annual Rates

	Issue	Rate
	Age	per Unit
INDIVIDUAL	18-44	44.40
	45-49	53.28
	50-54	58.43
	55-59	71.75
	60-64	84.89
	65-69	94.13
	70-74	74.24
FAMILY	18-44	88.80
	45-49	100.70
	50-54	113.84
	55-59	135.86
	60-64	158.60
	65-69	174.94
	70-74	136.22
SINGLE PARENT	18-44	62.16
	45-49	63.94
	50-54	70.15
	55-59	86.14
	60-64	101.94
	65-69	112.95
	70-74	89.16

(Monthly premiums = 1/12 annually)

RSH 2105 (55) 4-08 AR

Company Tracking Number: AR - 21 - 2008

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease

Limited Benefit

Product Name: HP1015 (Version 2.1)

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter Approved-Closed 06/23/2008

Comments:

The cover letter information has been included on the General Information tab. However, we are attaching another copy for your convenience.

Attachment:

Cover Letter - AR.pdf

Review Status:

Satisfied -Name: Correspondence 6-20-2008 Approved-Closed 06/23/2008

Comments:

Please see the attached correspondence.

Attachments:

Correspondence 6-20-08.pdf

Exhibit 1 - Two Year .pdf

Exhibit 2 - Expanded.pdf



May 21, 2008

Hon. Julie Benafield Bowman Commissioner of Insurance Arkansas Insurance Department Life and Health Division 1200 West 3rd Street Little Rock, AR 72201

Attention: Rosalind Minor

RE: Cancer Specified Disease – Rate Increase

NAIC #62928 Iowa Assigned Company Code Number 1350IA

Dear Ms. Minor:

Attached for your consideration are revised premiums for the following Cancer Specified Disease Policies:

Form	Current Rate Sheet (As National Travelers Life Company)	Approved	New Rate Sheet (As EMC National Life Company)	Avg Incr
HP 1015	RSH 1023 (55) 7-2002	8/16/2002	RSH 2100 (55) 4-08	48%
HP 1015	RSH 1024 (55) 7-2002	8/16/2002	RSH 2101 (55) 4-08	48%
HP 1015	RSH 1025 (55) 7-2002	8/16/2002	RSH 2102 (55) 4-08	48%
HP 1015	RSH 1026 (55) 7-2002	8/16/2002	RSH 2103 (55) 4-08	48%
HP 1015	RSH 1027 (55) 7-2002	8/16/2002	RSH 2104 (55) 4-08	48%
HP 1015	RSH 1028 (55) 7-2002	8/16/2002	RSH 2105 (55) 4-08	48%

These policies first became available in 2005 and they were marketed by EMC National Life Company. This is the first revision of rates for these forms.

A description of the policies, premium increase history, and past experience is included in the enclosed Actuarial Memorandum. The anticipated loss ratio is 55%.

We are requesting these rate increases to be implemented with the first premium due on or after 8/1/2008. There are currently 7,507 policy owners nationwide, including 201 Arkansas policy owners that will be affected by this revision.

Your prompt consideration will be greatly appreciated.

Mark C. Rowley, FSA, MAAA Vice President, Chief Actuary

Mark Rowley





June 20, 2008

Mr. Dan Honey Ms. Rosalind Minor Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201-1904

Re: Teleconference 6/18/08

Rate Increase Request on HP1015 SERFF Tracking # EMCN-125648862

Dear Mr. Honey and Ms. Minor:

We appreciate very much the time you gave us on Wednesday, June 18, to discuss our rate increase request. We also thank you for the quick responses you have provided throughout this process.

Rate Increase Request

In the referenced filing, we requested a 48% rate increase, and our model projected that this would result in a 95% lifetime loss ratio. If we do as you suggest and spread the rate increase over two years, a 25% rate increase would be needed each year to achieve that same 95% lifetime loss ratio. We therefore modify our filing to request a series of two 25% rate increases to be implemented in September, 2008, and September, 2009. See the attached revised Exhibit 1, labeled "Two Year".

We also reserve the right to ask for a higher rate increase percentage in September, 2009, if experience deteriorates further. In that case, we would file the additional request and present evidence of the deteriorating experience. If that is not the case, we would implement in September, 2009, without additional filing, only the second of the two 25% rate increases requested here.

Additional Information

- Expanded Version of Exhibit 2. The attached exhibit shows results by calendar year as well as by duration. Note that the actual to expected ratios increased from 43% in 2005 to 79% in 2006 to 162% in 2007. We are very concerned about the trend in these ratios and think it is appropriate to implement significant rate increases early on in an attempt to correct the experience quickly.
- o **Information on Arkansas Policyholders.** It was mentioned on the call that the policyholders that have these types of policies are on fixed-incomes. We did a little research on this and discovered that the average age of the policyholders is 51, and fewer than 15% of Arkansas policyholders are 65 or older. This is true because of the way this product was marketed in the worksite. The product was not sold very often to individuals.

o **Dollar Impact on Average Premium.** A one-time 48% rate increase would result in the average premium increasing from \$497 to \$736. A series of two 25% rate increases would increase the average premium from \$497 to \$621 in 2008 to \$777 in 2009.

Thank you for your time and efforts in reviewing our filing. If you should have any additional questions or concerns, please do not hesitate to ask.

Best regards,

Mark C. Rowley, FSA, MAAA

Mrowley@emcnl.com

Exhibit 1 -- Two Year

Form #s: HP 1015 - Cancer/Specified Disease Plan

Experience Base: Nationwide

43.6% 4,590,386

40.0%

As of 1/2/31/2007 -- Nationwide Policy Count: 8,072 Nationwide AnnIzd Prem: \$4,010,648 Nationwide Avg AnnIzd Prem: \$497
As of 4/29/2008 -- 7,523 \$3,759,738 \$500

39.9%

Calenc	dar Year Expe	rience Since	Inception									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Calendar	Earned	Paid	Change in	Incurred	Incurred	Change in	Incurred	Inc'd Claims	Runout		Pure	Average
Year	Premium	Claims	Claim Res	Claims	Claim Ratio	Policy Res	Loss Ratio	Runout	Claim Ratio	Exposure	Premium	Premium
2005	2,636,381	198,517	197,515	396,032	15.0%	0	15.0%	398,273	15.1%	4,655	86	566
2006	4,639,749	1,273,838	89,145	1,362,983	29.4%	0	29.4%	1,484,944	32.0%	9,377	158	495
2007	4,197,227	2,369,189	446,832	2,816,021	67.1%	428,860	77.3%	2,707,169	64.5%	8,410	322	499
_												

428,860

Accumulated at 5%: 39.1%

733,492 4,575,036

NOTES:

Total

11,473,357 3,841,544

Column (4) = (2) + (3) Column (10) -- exposure based on policy counts.

Column (5) = (4) / (1) Column (11) -- calculation of pure premium (claims only) by calendar year (8) / (10).

Column (7) = [(4) + (6)]/(1) Column (12) -- calculation of average premium by calendar year (1) / (10).

Anticipated Future Experience (including rate change)						I		
					la accuració	Changa in	lo accura d	
Calendar	Lapse	Rate		Earned	Incurred	Incurred	Change in	Incurred
Year	Rate	Increase	Trend	Premium	Claims	Claim Ratio	Policy Res	Loss Ratio
200801	5%	0%	22%	971,305	744,608	76.7%	134,657	90.5%
200802	12%	0%	12%	893,160	732,123	82.0%	97,067	92.8%
200803	5%	25%	3%	1,023,584	719,319	70.3%	280,880	97.7%
200804	4%	0%	3%	977,912	706,574	72.3%	118,667	84.4%
2009	23%	25%	22%	3,730,651	2,724,011	73.0%	333,576	82.0%
2010	16%	0%	17%	3,392,552	2,623,649	77.3%	118,787	80.8%
2011	16%	0%	17%	2,850,634	2,587,604	90.8%	22,127	91.5%
2012	16%	0%	16%	2,402,388	2,535,339	105.5%	48,740	107.6%
2013	16%	0%	14%	2,029,162	2,460,546	121.3%	54,374	123.9%
2014	15%	0%	13%	1,717,584	2,369,353	137.9%	(105,371)	131.8%
2015	15%	0%	12%	1,456,748	2,263,934	155.4%	(158,400)	144.5%
2016	15%	0%	12%	1,237,738	2,153,349	174.0%	(120,142)	164.3%
2017	15%	0%	11%	1,053,311	2,039,151	193.6%	(545,432)	141.8%
2018	15%	0%	10%	897,591	1,920,846	214.0%	(119,797)	200.7%
2019	15%	0%	10%	765,815	1,801,601	235.3%	(135,817)	217.5%
2020	15%	0%	9%	654,026	1,682,822	257.3%	(281,338)	214.3%
2021	14%	0%	9%	558,998	1,566,019	280.1%	46,592	288.5%
2022	14%	0%	8%	478,039	1,451,330	303.6%	(175,230)	266.9%
2023	14%	0%	8%	408,937	1,340,272	327.7%	(93,779)	304.8%
2024	14%	0%	7%	349,860	1,233,096	352.5%	(119,451)	318.3%
2025	14%	0%	7%	299,279	1,130,368	377.7%	(14,795)	372.8%
2026	14%	0%	7%	255,908	1,032,254	403.4%		360.9%
2027	15%	0%	6%	218,685	939,171	429.5%	(113,841)	377.4%
2028	15%	0%	6%	186,707	851,349	456.0%	(58,133)	424.8%
2029 2030	15% 15%	0% 0%	6% 5%	159,220	768,717	482.8%	(71,002)	438.2%
2030	15%	0% 0%	5% 5%	135,574 115,230	691,177 618.967	509.8% 537.2%	4,652 (65,847)	513.2% 480.0%
2031	15%	0% 0%	5% 5%	97,727	551,736	564.6%	(38,666)	525.0%
2032	15%	0%	5% 5%	82.681	489.642	592.2%		564.1%
2033	16%	0% 0%	5% 5%	69,765	432,565	620.0%		581.0%
2034	16%	0%	5% 4%	58,702	380,337	647.9%	(27,223)	613.6%
2035	16%	0%	4% 4%	49,229	332,643	675.7%	(20,161) (15,264)	644.7%
2036	17%	0%		,	,	703.2%	. , ,	
			4%	41,103	289,052		(17,931)	659.6%
2038	17%	0%	4%	34,146	249,535	730.8%	(15,529)	685.3%
Total				29,653,953	44,413,059	149.8%	(1,184,909)	145.8%

Combined Past and Anticipated Future Experience

Earned Incurred Incurred Change in Incurred
Premium Losses Claim Ratio Policy Res Loss Ratio

41,127,310 48,988,095 119.1% (756,049) 117.3%

Exhibit 2 National - Durational Experience (Form HP1015)

Exper	ience	Issue	Policy	Incurred	Earned	Loss	Expected	Actual to
Year		Year	Duration	Claims	Premiums	Ratio	L.R.	Expected
	2005	2005	0	396,032	2,636,381	15.0%	35%	43%
Total	-			396,032	2,636,381	15.0%	35%	43%
	2006	2006	0	107,818	210,029	51.3%	35%	147%
		2005	0	627,583	2,214,860	28.3%	35%	81%
		2005	1	627,583	2,214,860	28.3%	40%	71%
Total			1,362,983	4,639,749	29.4%	37%	79%	
	2007	2007	0	6,597	79,085	8.3%	35%	24%
		2006	0	88,349	160,192	55.2%	35%	158%
		2006	1	88,349	160,192	55.2%	40%	138%
		2005	1	1,316,363	1,898,879	69.3%	40%	173%
		2005	2	1,316,363	1,898,879	69.3%	44%	158%
	-			2,816,021	4,197,227	67.1%	42%	162%
Grand Total			4,575,036	11,473,357	39.9%	38.4%	104%	

Durational Totals

Policy	Incurred	Earned	Loss	Expected	Actual to
Duration	Claims	Premiums	Ratio	L.R.	Expected
0	1,226,378	5,300,547	23.1%	35.0%	66.1%
1	2,032,295	4,273,931	47.6%	40.0%	118.9%
2	1,316,363	1,898,879	69.3%	44.0%	157.6%

Grand Total 4,575,036 11,473,357 39.9% 38.4% 104.0%